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Bib Data Sheet

CONFIRMATION NO. 4120

|                             |                                       |              |                        |                                   |
|-----------------------------|---------------------------------------|--------------|------------------------|-----------------------------------|
| SERIAL NUMBER<br>10/797,721 | FILING DATE<br>03/10/2004<br><br>RULE | CLASS<br>235 | GROUP ART UNIT<br>2876 | ATTORNEY DOCKET NO.<br>D-1221 R12 |
|-----------------------------|---------------------------------------|--------------|------------------------|-----------------------------------|

APPLICANTS

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 Robert W. Barnett, Canton, OH;

\*\* CONTINUING DATA ..... *YES A7*  
 This appln claims benefit of 60/453,667 03/10/2003

\*\* FOREIGN APPLICATIONS ..... *NONE A7*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 05/26/2004

|  |                           |                         |                                 |                                     |
|--|---------------------------|-------------------------|---------------------------------|-------------------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged<br>Examiner's Signature <i>A7</i> Initials <i>A7</i> | STATE OR<br>COUNTRY<br>OH | SHEETS<br>DRAWING<br>97 | TOTAL<br>CLAIMS<br><i>10 20</i> | INDEPENDENT<br>CLAIMS<br><i>1 5</i> |
|--|---------------------------|-------------------------|---------------------------------|-------------------------------------|

ADDRESS  
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TITLE  
 Cash dispensing automated banking machine with calibrated optical sensor

|                                    |   |   |
|------------------------------------|---|---|
| FILING FEE<br><br>RECEIVED<br>1300 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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